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**APPLICATION FOR ADMISSION FOR BSI STUDY CENTRE**

**In order to complete your application, the following documents are required:**

- a. **Completed application form,**
- b. **Character reference letter** from either previous / current school or previous / current sports club, only 1 letter is required (*Please provide writer's name, position held, phone numbers, e-mail address and name of writer's organisation in the letter*),
- c. **Latest available school results,**
- d. Applicants for BSI Study Centre please submit your **certified ID or Birth Certificate copy.**

**Enrolment & Registration Procedure:**

- e. An interview to be conducted,
- f. A Placement Offer is issued to the student by BSI once it is confirmed that the application is successful,
- g. A refundable deposit (please refer to the pricing information section on the programme brochure) is to be received by BSI to secure the student's place
- h. A Letter of Acceptance is issued to the student,
- i. School agreements, Code of Conduct & Drug Policy to be signed by the student and parents / legal guardians and returned with a certified copy of the student's ID or Birth Certificate (if applicable).

This application form & supporting documents can be e-mailed to the following address:

E-mail: [info@bsisports.com](mailto:info@bsisports.com)

Visit BSI website for more information:

[www.bsisports.com](http://www.bsisports.com)

**NB: Please note information provided below is strictly confidential and will only be used for BSI enrolment & administration purposes.**

**FOR OFFICE USE ONLY (STUDY CENTRE)**

Interviewed Date		Reference Letter	
Latest School Results		Current Grade	Sport(s)
International Levy			
Placement Offer Issued		Issuing Date	
Initial Payment Received		Receipt Date	
Letter of Acceptance Issued		Issuing Date	
Certified ID / BC Received		School Agreement Received	

**1. STUDENT PERSONAL DETAILS** (Please ensure you correctly fill in all details on the space in the form)

Surname		First Name	
Preferred Name		Title: Mr/Mrs/Ms	
Nationality		Province	
ID/Passport Number			
Date of Birth		DD / MM / YYYY	Gender: Male/Female
Telephone	Home:	Cell:	E-mail:

**2. PARENTS / LEGAL GUARDIANS DETAILS** (Please ensure you correctly fill in all details on the space in the form)

<b>Father (Full Name)</b>			
Occupation			
ID Number			
Telephone	Home:	Cell:	Work:
Fax:	E-mail:		
<b>Mother (Full Name)</b>			
Occupation			
ID Number			
Telephone	Home:	Cell:	Work:
Fax:	E-mail:		
Physical (Home) address			
			Postal Code
Postal address			
			Postal Code

**2. PARENTS / LEGAL GUARDIANS DETAILS** ....continued

Address of Parent / Legal Guardian is different from above						
Please mark with a tick	Father		Mother		Guardian	
Address						
				Postal Code		
To whom should e-mail correspondence be sent?						
Please mark with a tick	Father		Mother		Guardian	

**3. GENERAL INFORMATION** (Please ensure you correctly fill in all details on the space in the form)

Accommodation Required?				
Please mark with a tick	Yes		No	
If applying for accommodation, is this the applicant's first time living away from home?				
Please mark with a tick	Yes		No	
If applying for accommodation, will the applicant have his / her own transport?				
Please mark with a tick	Yes		No	
<b>School</b> - Name of your current / previous school:				
Telephone no. of your current / previous school:				
How did you hear about BSI? (Please tick the relevant choice)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Referral	<input type="checkbox"/> Website	
	<input type="checkbox"/> Social Media	<input type="checkbox"/> Adverts	<input type="checkbox"/> Other	
Elaborate on your choice selected, e.g Referral from whom?				

**4. MEDICAL INFORMATION** (Please ensure you correctly fill in all details on the space in the form)

Does applicant have any injuries (old or new) that may have an affect on participation in Energizing Sessions?				
Please mark with a tick	Yes		No	
If yes, please specify:				
Is the applicant currently under the care of a physician?				
Please mark with a tick	Yes		No	
If yes, please specify:				
Does the applicant have any allergies?				
Please mark with a tick	Yes		No	

If yes, please specify:				
Is the applicant on any medication programme?				
Please mark with a tick	Yes		No	
If yes, please specify:				
Does the applicant smoke?				
Please mark with a tick	Yes		No	
If yes, please specify the quantity per day:				
Does the applicant drink alcohol?				
Please mark with a tick	Yes		No	
If yes, please specify the alcohol intake per week:				
Has applicant ever been expelled and / or suspended from any school and / or institution for any reasons? And / or involved with any law enforcement agency; used illegal substance (i.e marijuana, cocaine, etc.) or been treated for drug, alcohol or other substance abuse?				
Please mark with a tick	Yes		No	
If answer is yes to any of the above, please specify details:				
Are there any medical, emotional or physical needs that BSI should be aware of?				
If yes, please specify:				
Are there any learning disabilities and / or other disabilities that BSI should be aware of?				
If yes, please specify:				

**5. SPORTING INFORMATION** (Please ensure you correctly fill in all details on the space in the form)

What is your sport of choice?	
What other sports do you / have you played?	
Please list any awards, honours or special sporting achievements?	

By signing below, I certify the information provided on all pages of this application is accurate and true to the best of my knowledge. BSI reserves the rights to review a student's eligibility to attend the Study Centre should any of the above information be false.

Signed at \_\_\_\_\_ (Place) on this \_\_\_\_\_ (Day) of \_\_\_\_\_ (Month) 20\_\_\_\_

Student (Full Name)	Signature
Parent / Guardian (Full Name)	Signature